



**DAY CARE LOCATION:**

Is the day care located in your residence? ☐ Yes ☐ No

**If Yes, Please complete both the Household Member table and the Caregivers table**

**If No, you only need to complete the Caregivers table.**

\*If you are renting please make sure it is ok with your landlord to provide day care on the rental property.

**HOUSEHOLD MEMBERS**

\*In the space provided below please include the name and birth date, of all persons presently living in the home, were day care will be provided. **(Please include yourself, if you reside there)**

Name	Date Of Birth	Relationship
1		
2		
3		
4		
5		

**CAREGIVERS**

Please list the names, addresses, and phone number of all persons responsible for the direct care and supervision of children in your facility.

PS# (From PS# Card)	NAME	POSITION	WORKS 160 Hrs/Yr	
			More Than	Less Than
1				
2				
3				
4				

**EDUCATION AND EXPERIENCE**

Elementary of High School (Circle years completed)	/	Did you graduate or receive GED...
1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		
1 2 3 4	more than 5	Degree(s) _____

Describe any experience and training you have had in the care and supervision of children. Give dates, locations and names of any organizations or agencies, which you worked for:

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In Accordance with the Montana Child Care Act, (52-2-702-714), Montana Code Annotated, I hereby request the re-issuance of a Infant, Family, Group, or Day Care Center Certificate of Registration / License on the basis of my affirmation of the following statements:

Please  
Initial

- \_\_\_\_\_ a. I have received and have read a copy of the State Regulations for Family Group Day Care Homes, Day Care Centers and Infant Care.
- \_\_\_\_\_ b. I certify, to the best of my knowledge and belief that, I will be in compliance with the State Regulations for Family/Group Day Care Homes, Day Care Centers, and Infant Care, while children are in care.
- \_\_\_\_\_ c. I understand that I cannot care for more children at any one time than are indicated by the Registration/License Certificate. This number includes my own children under the age of 6 years.
- \_\_\_\_\_ d. I understand that any complaints about my registered/licensed day care facility may be investigated by a representative of the Department, without prior notification.
- \_\_\_\_\_ e. I understand that my registered/licensed day care facility may be visited, and I will allow worker entry.
- \_\_\_\_\_ f. If I move to another address or stop providing care to children I must notify the Department of Public Health and Human Services, Child Care Licensing Program.
- \_\_\_\_\_ g. I understand that the name and address of my registered day care home will appear on a list which is maintained by the Department of Public Health and Human Services
- \_\_\_\_\_ h. I will keep the necessary Insurance in force covering the total number of children I am caring for. I certify that I have adequate Public Liability and Fire Insurance for the purpose of conducting child day care. **Your insurance agent must complete the "Insurance Verification Form".** If you are renting we need a copy of your landlords Fire Insurance and written approval from your landlord that he does not mind you providing day care services.
- \_\_\_\_\_ i. I will provide the department with the names, addresses, phone numbers, and parents names, of each child in my care whenever requested to do so by the department.

*To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**TO BE COMPLETED BY A NOTARY PUBLIC:**

Taken, Sworn, and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
(Notary Public for the State of Montana)

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_